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AVIC

5089811

**D3417-5**  
**Job Sheet 179628**



Part No: D3417-5

Job Qty: 20 ea

Part Name: Washer



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 6/20/18

Job Tracking No:

Due Date: 7/13/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV F IPP Rev:A New issue 08-07-09 JLM Verified By:EC

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |                 | Sign-off           |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------------|--------------------|
|       |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time       |                    |
| 90    | Start up Operation | 20 Ea  | 7/13/18    | 7/13/18  | 0.00      | 0.00    | Start Up Machining-2  |                 | <i>18/07/18</i>    |
| 100   | Doosan             | 20 pcs | 7/13/18    | 7/13/18  | 0.04      | 1.36    | Doosan                |                 | <i>18/07/18</i>    |
| 120   | QC                 | 20 pcs | 7/13/18    | 7/13/18  | 0.00      | 0.00    | QC8                   |                 | <i>18/07/18</i>    |
| 130   | Packaging          | 20 pcs | 7/13/18    | 7/13/18  | 0.00      | 0.00    | Packaging3-1          | <i>51034 89</i> | <i>JUL 13 2018</i> |
| 140   | QC21-SA            | 20 Ea  | 7/13/18    | 7/13/18  | 0.00      | 0.00    | QC21                  |                 |                    |

Part Op 100 - 1-Turn as per Folio FA761 Rev: \_\_\_\_\_ & Dwg D3417 Rev: \_\_\_\_\_  
Descriptions:

JUL 13 2018

DAS  
53  
9-89

### Job BOM

| Part / Item   | Component Name                      | Quantity            | Operation             | Container     |
|---------------|-------------------------------------|---------------------|-----------------------|---------------|
| MDELRINR1.250 | Delrin Round Bar 1.25" Color: Black | .5920 ft (.0296 ea) | 90-Start up Operation | <i>507039</i> |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | MDELRINR1.250  | 1        | 19        | 0         |

### Part Specifications

| Spec No | Description | Target/Tolerance                  | Limits                         | Type | Special Comments |
|---------|-------------|-----------------------------------|--------------------------------|------|------------------|
| 1       | Washer      | 1.125inches<br>+ 0.030<br>- 0.000 | 1.155<br><i>1.136</i><br>1.125 |      |                  |
| 2       | Washer      | 0.641inches<br>+ 0.008<br>- 0.001 | 0.649<br><i>0.643</i><br>0.640 |      |                  |
| 3       | Washer      | 0.120inches<br>+ 0.010<br>- 0.000 | 0.130<br><i>0.125</i><br>0.120 |      |                  |
| 4       | Washer      | 0.810inches<br>+ 0.010<br>- 0.000 | 0.820<br><i>0.816</i><br>0.810 |      |                  |
| 5       | Washer      | 0.251inches ± 0.010               | 0.261<br><i>0.250</i><br>0.241 |      |                  |
| 6       | Washer      | 2.000inches ± 0.030               | 2.030<br><i>2.000</i><br>1.970 |      |                  |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                      |                                     |                                                                                                                                                                                |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                       |  |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|--|--|------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br>Part No. _____<br>NCR No. _____ |                                     | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><table> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Cross tube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |  |  |                       |  |  | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                   | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>                                                                                                                                             | Engineering <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                       |  |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                   | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                     | Quality <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                       |  |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>               | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                   | Other <input type="checkbox"/>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                       |  |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                   | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>                                                                                                                                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                       |  |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Date :                                               |                                     | Step #:                                                                                                                                                                        |                                      | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  | MRB (QSI042) Approval |  |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Description Work Order Deviation                     |                                     |                                                                                                                                                                                |                                      | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                       |  |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                      |                                     |                                                                                                                                                                                |                                      | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                       |  |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                      |                                     |                                                                                                                                                                                |                                      | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                       |  |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                      |                                     |                                                                                                                                                                                |                                      | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                       |  |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

### FAULT CATEGORY

|                    |                          |                       |                          |                      |
|--------------------|--------------------------|-----------------------|--------------------------|----------------------|
| Failure            | <input type="checkbox"/> | Power Loss/Surge      | <input type="checkbox"/> | Positioned Wrong     |
|                    | <input type="checkbox"/> | Folio/Program         | <input type="checkbox"/> | Outside Dimensions   |
|                    | <input type="checkbox"/> | Grain                 | <input type="checkbox"/> | Over/Under tolerance |
| e/Defect           | <input type="checkbox"/> | Weld                  | <input type="checkbox"/> | Part Incorrect       |
|                    | <input type="checkbox"/> | Wrong Stock Pulled    | <input type="checkbox"/> | Part Lost/Missing    |
|                    | <input type="checkbox"/> | Out of Sequence       | <input type="checkbox"/> | Part Moved           |
| mplete/Unqualified | <input type="checkbox"/> | Off-set               | <input type="checkbox"/> | Drawing              |
|                    | <input type="checkbox"/> | Mislabeled            | <input type="checkbox"/> | Finish               |
|                    | <input type="checkbox"/> | Fit/Function          | <input type="checkbox"/> | Misread              |
|                    | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence     |
|                    | <input type="checkbox"/> |                       | <input type="checkbox"/> |                      |

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Date: 07/07/18



Container No: S089812



Part: D3417-5

Job No: 179628

Serial No/Batch: S089812

Revision:

Inspector:

Exp Date:

Instructions: